

**Exhibit I**

Approved ATF Form 4 (5320.4)

REDACTED

**U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives**

## **Application for Tax Paid Transfer and Registration of Firearm**

ATF Control Number	
SUBMIT in DUPLICATE to:	
1. Type of Transfer (Check one) <input type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$200 Submit the appropriate tax payment. The tax may be paid by credit or order. Please complete item 1 on the application, we will affix National Firearms Act stamp. (S)	
 <p><i>820101578</i></p>	
Division Bureau of Alcohol, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015	
2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d) <b>DEWILDE ARMS TRUST</b> <span style="background-color: black; color: black;">[REDACTED]</span>	
<input type="checkbox"/> Corporation <input type="checkbox"/> Other Legal Entity <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Trust	
2b. County/Parish <span style="background-color: black; color: black;">[REDACTED]</span>	
3a. Transferor's Full Legal Name and Address (Include trade name, if any) <i>(Executors: see instruction 2l)</i> <span style="background-color: black; color: black;">[REDACTED]</span>	
3b. E-mail address <span style="background-color: black; color: black;">[REDACTED]</span>	
3c. Transferor's Telephone (Area Code and Number) <span style="background-color: black; color: black;">[REDACTED]</span>	
3d. If Applicable: Decedent's Name, Address, and Date of Death <span style="background-color: black; color: black;">[REDACTED]</span>	
3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises) If Different from Item 3a. <span style="background-color: black; color: black;">[REDACTED]</span>	

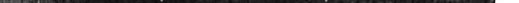
The above-named and undersigned transferor hereby makes application as required by Section 5812 of the National Firearms Act to transfer and register the firearm described below to the transferee.

4. Description of Firearm (Complete items a through h) (See instruction 2n)			d. Model
a. Name and Address of Maker Manufacturer and/or Importer of Firearm	b. Type of Firearm (see definitions 1c)	c. Caliber or Gauge	S-701
HATTON INDUSTRIES, INC INDIAN MILLS, NJ	MACHINEGUN	.45 ACP	e. Barrel Length: f. Overall Length: 6.25" 11"
			g. Serial Number 820101578

h. Additional Description or Data Appearing on Firearm (*Attach additional sheet if necessary*)

5. Transferee's Federal Firearms License ( <i>If any</i> ) or Explosives License or Permit Number <i>(Give complete 15-digit number) (See instruction 2c)</i>					6. Transferee's Special (Occupational) Tax Status ( <i>If any</i> )	
First 6 digits	2 digits	2 digits	5 digits			
7. Transferor's Federal Firearms License ( <i>If any</i> )					8. Transferor's Special (Occupational) Tax Status ( <i>If any</i> )	
First 6 digits	2 digits	2 digits	5 digits			

**Under Penalties of Perjury, I Declare** that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete, and that the transfer of the described firearm to the transferee and receipt and possession of it by the transferee are not prohibited by the provisions of Title 18, United States Code; Chap 44; Title 26, United States Code; Chap 53; or any provisions of State or local law.

9. Signature of Transferor ( <i>Or authorized official</i> )	10. Name and Title of Authorized Official ( <i>Print or type</i> )	11. Date
	TRUSTEE	2019-11-21

The Space Below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By Authority of The Director, This Application Has Been Examined, and the Transfer and Registration of the Firearm Described Herein and the Interstate Movement of that Firearm, When Applicable, to the Transferee are:

**Stamp Denomination**

Approved. (With the following conditions, if any)

Disapproved. (For the following reasons)

11. Date  
2019.11.21

Signature of Authorized ATE Official

Date